

The Role of the CNA during COVID-19

Cohort 6 Session 10

February 4, 2021

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**AHRQ ECHO National Nursing
Home COVID-19 Action Network**



Today's Agenda

Follow-up from Session 9 – Effective Leadership & Communication (5 min)

Vaccine Clinic Check In – CVS update (5 min)

The Role of the CNA during COVID 19 (20 min)

Case Discussion (10-15 min)

Performance Improvement Discussion (10 min)

Wrap-up and Poll

Questions & Answers

Warm-up Ice Breaker

What Southwest US State?



Marina Renton, Mphil
Massachusetts Senior Care Association

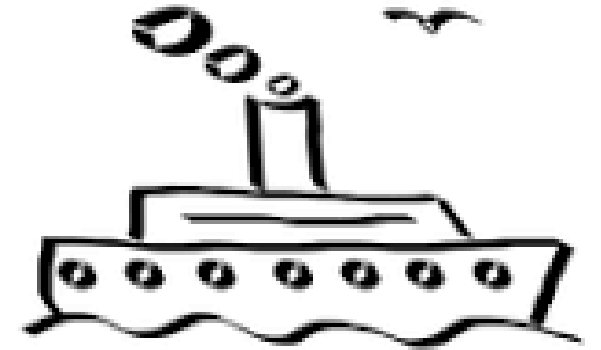
What Country?



Linh Vuong, RN
Infection Preventionist, The Boston Home

Session 9 Leadership & Communication Key Take-Aways

- Nursing Home Leadership is extremely challenging
- How do you want to be remembered? (Your Qualities)
 - Flexible, calm, supportive, present, empathetic, listener, encouraging, compassionate, visible, fair, consistent
- Leverage and work with your Peer Leaders
- What you do (Your Actions)
 - Check-in with staff, Be Proactive, Creative
- Effective Communication Skills
 - Transparent, Value Feedback
- Leadership Rounds and Huddles
 - Managing and Overcoming Challenges



Latest COVID Numbers

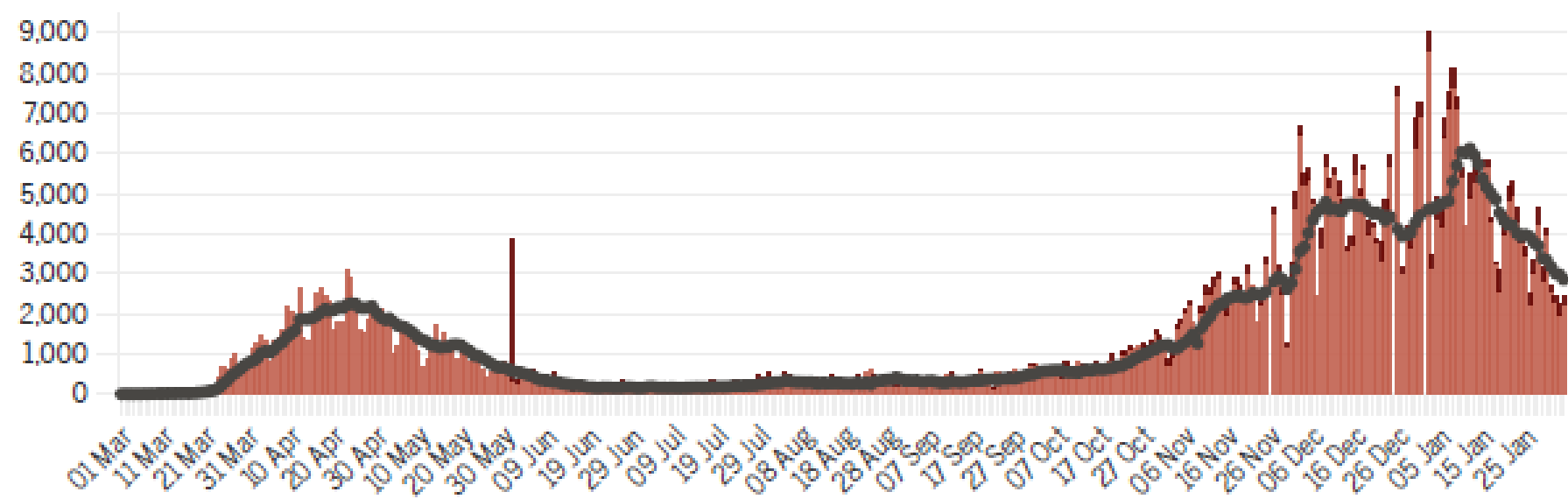
Massachusetts coronavirus cases

Total confirmed cases: 504,564

Cases are listed by the date they were reported to the state.

Total cases

Cases in last 30 days



Vaccine Clinic Check-in and Updates

- CVS will provide # 1 vaccination at the 3rd visit
- MSC COVID-19 Vaccination Toolkit accessible to staff
- Provide information for where to get vaccines
 - <https://www.mass.gov/covid-19-vaccine>
- Contact your assigned DPH epidemiologist for unique resident vaccination questions/needs immediately
- NO ONE should be denied vaccination based on paperwork



DPH Update – Visitation Guidance Update

- Guidance Tip: Base permitting visitation on resident's visitation for compassionate care needs – which is not limited to only end-of-life care
- February 3rd DPH released Updates to Visitation Conditions, Communal Dining, and Congregate Activities in Long-Term Care Facilities during the COVID-19 Outbreak.
- Amends previously-issued restrictions on in-person visitation, group activities, and communal dining.
- When there is a confirmed COVID-19 positive staff or facility-acquired resident case on a specific unit, floor, or care area, communal dining and group activities will only be suspended for residents within that unit, floor, or care area until 14 days have passed without a new COVID-19 positive resident and/or staff member.

The Role of CNAs During COVID 19



Joining Us Today: Beth Scheffler, MSN, APRN

- Beth Scheffler joined Chelsea Soldiers' Home staff as the Acting Chief Nursing Officer back in the Summer of 2020. Prior to this role, Beth was assisting the Soldiers' Home with her regulatory, long term care and infection control expertise throughout the COVID-19 pandemic. Beth is a Nurse Practitioner with an impressive nursing background. A nurse practitioner, Beth spent almost 20 years at the Massachusetts Department of Public Health's Division of Healthcare Facility Licensure and Certification. Beth was a complaint surveyor/inspector, credentialed by the Centers for Medicare and Medicaid Services (CMS) to inspect and survey long-term care facilities, hospitals, end-stage renal dialysis, and Home Health, before becoming the Compliant Unit Manager from 2015-2019. She holds a master's degree in nursing with an emphasis in adult-geriatric primary care and has also served as an adjunct faculty member at Salem State University and for an acute care hospital in New Hampshire for 15 years.

Waterfall Discussion

- What is the biggest challenge CNAs face during COVID 19?

Please enter your response in the chat.

Do not press enter until the count down.

Waterfall Discussion

- How might we respond to these challenges?

Please enter your response in the chat.

Do not press enter until the count down.

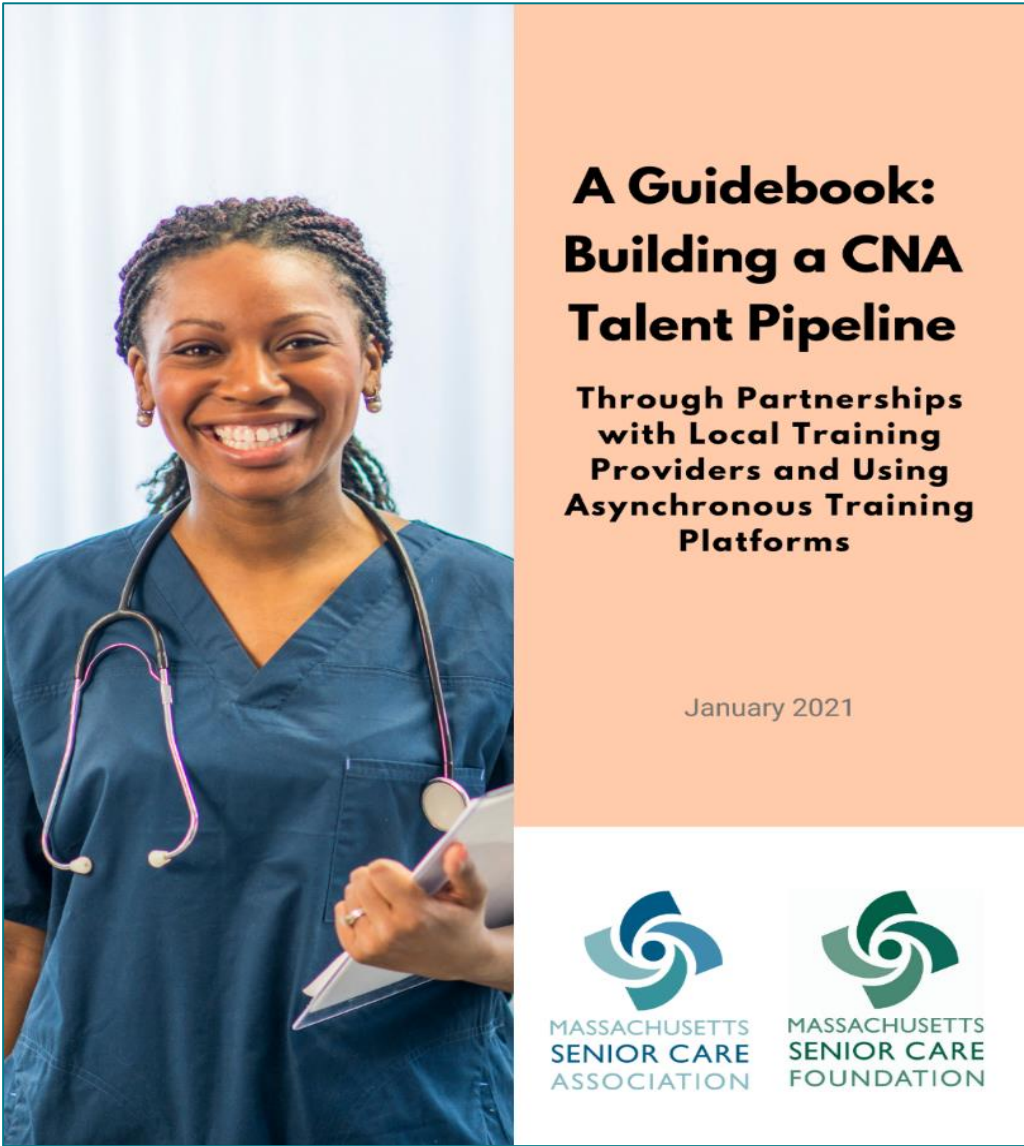
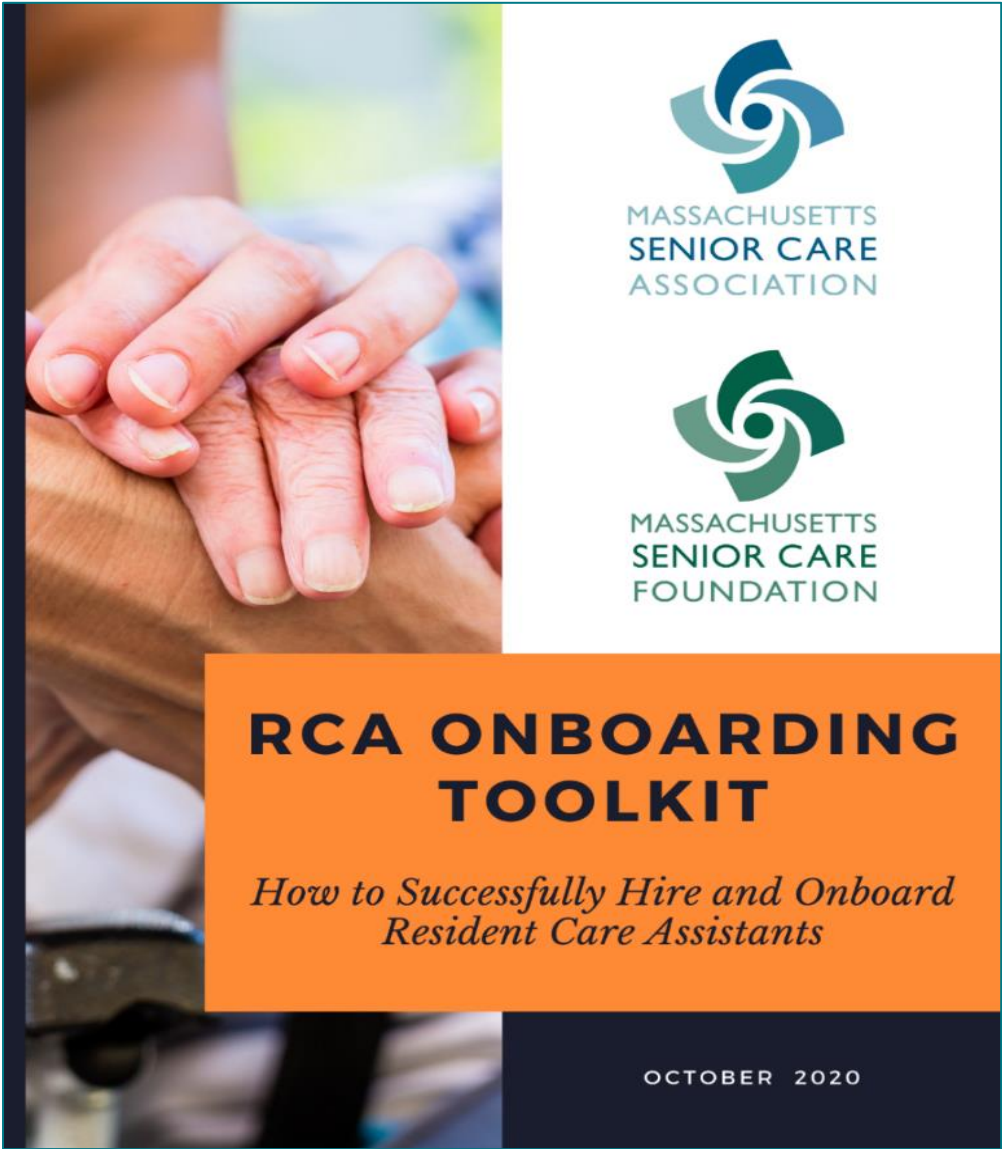
Role of the CNA during COVID-19: Challenges

- CNA shortages are magnified
- CNAs have taken on many new responsibilities
 - Deliver food at mealtimes, help with resident laundry, disinfect every room
- Keep residents feeling safe and secure (with less physical contact and more physical barriers)
- Try to keep residents connected to family and community (with more technology and less time)
- Unprecedented grief and loss
- May have more limited English proficiency, health literacy, SES; as risk for inequity
- High risk clinical role

What CNAs say they need...

- Inclusion of CNAs as an essential team member in care plan meetings, daily huddles, and with clinical and regulatory updates about COVID
- Recognition that being a CNA is an important and valued profession
- Communication to CNAs to allay fear and build a culture of trust
- Safety: Provide safe work environment (PPE, break areas, flexible scheduling, vaccine)
- Investment in CNAs
 - Provide career growth opportunities and education beyond in-services
 - Education: CME support, certification opportunity
 - CNA pipeline to support workforce shortages

MSCA Workforce Resources



Case Study / Breakout Discussion

Doreen has been a CNA in your center for three years. She has been working on the COVID 19 positive unit for the last couple of months and has helped orient all CNAs who are new to the unit.

At the end of her shift yesterday, Doreen reported that she had noticed that several staff members on the unit were not using proper hand hygiene practice. She thinks this is occurring because CNAs and nurses are both doing tasks they don't usually do. She has some thoughts on how this problem can be fixed.

- How can the Unit Manager empower Doreen to help resolve this problem?
- What are some potential barriers that Doreen might encounter?
- How might the leadership team help overcome these barriers?

High Level Flow Charts for Reliable Design

Keeping it really simple by breaking the design into obvious steps

Nizar Wehbi, IHI

Reliable Design

- To design a process and achieve 95% or better reliability
- High likelihood of SUSTAINABILITY
- If you ask 5 staff members and one gives you a different process. This is 80% reliability.

Why Reliable Design in times of COVID?

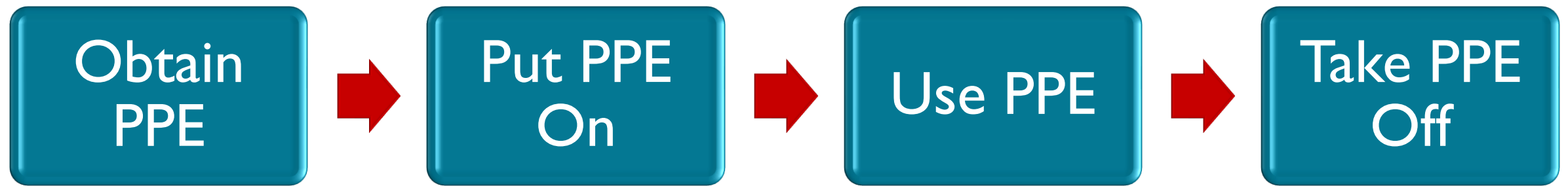
We want:

- Good outcomes
- Standardized process with high compliance rate
- Long term success
- Simple and doable approach with minimal resources
- Reliability is by DESIGN, not by accident

Getting to Greater Reliability in Your Process

- What are the processes you want to improve?
- Clearly state in 2-5 words what you intend to design.
 - Proper PPE use
 - Prevent staff burnout
 - Proper resident cohorting
 - Testing for COVID
 - Visitation booth use

4 Box Flow Diagram (for Proper PPE use)



Each box is a process with **ATTRIBUTES** (Example: Obtain PPE)

Who is responsible for enough equipment.

Where is the equipment stored.

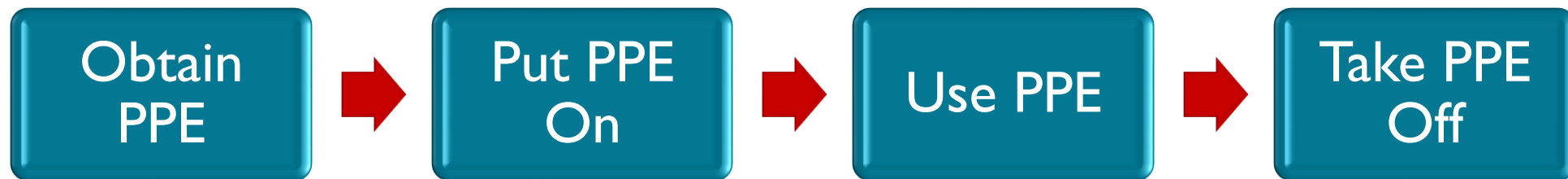
When is the equipment inventory done.

How is the equipment supply verified.

What is done when something is missing.

Flow Diagram

- Which process box are you having the most problem with and why?



Keep in Mind

- If the flow diagram doesn't seem TOO SIMPLE, complexity has already crept into your design.
- Complexity is the enemy of reliable design

What to expect next...

Next Session: **February 11, 2021**

Topics:

- Session 11: Interprofessional Team Management of Mild cases of COVID-19

Send best practices/challenges to Marina (mrenton@maseniorcare.org) by February 8

Wrap Up and Poll

- Please watch your screen and respond to our 2 poll questions as they launch

Questions?

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